

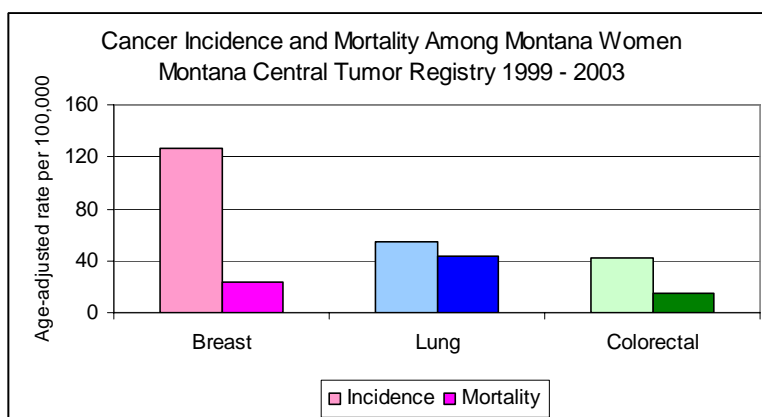
## Quarterly Surveillance Report

October 2006

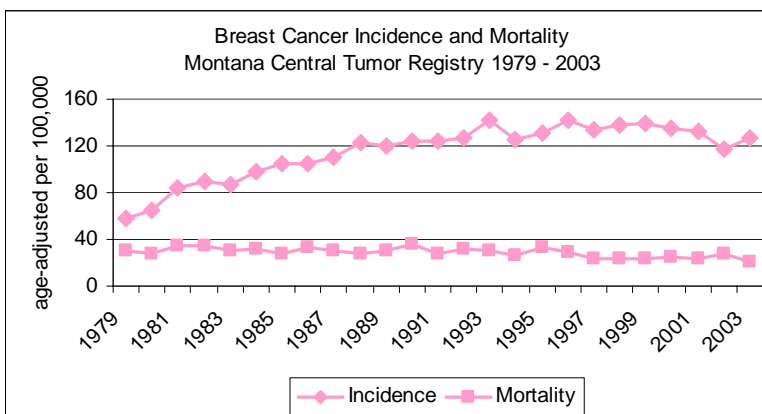
Volume 2006, number 4

### Breast Cancer in Montana

Breast cancer is the most common incident cancer among Montana women. An average of 800 Montana women are diagnosed with breast cancer each year. The age-adjusted<sup>1</sup> incidence of breast cancer (126.0 per 100,000) is more than twice that of the next two most common cancers among women, lung (54.6 per 100,000) and colorectal (42.7 per 100,000).<sup>2</sup> Montana women's mortality from breast cancer (23.7 per 100,000) is lower than mortality from lung cancer (43.1 per 100,000) and moderately higher than mortality from colorectal cancer (15.1 per 100,000).<sup>2</sup>



The incidence of breast cancer more than doubled between 1979 and 2003, but mortality declined by one third over the same 25-year period.<sup>3</sup>



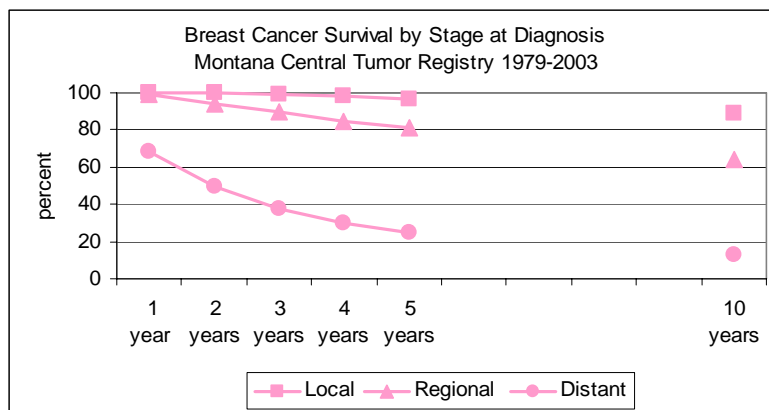
<sup>1</sup> Age-adjusted to the 2000 population.

<sup>2</sup> Cancer in Montana, 1999-2003, Montana Central Tumor Registry Annual Report, July 2005.

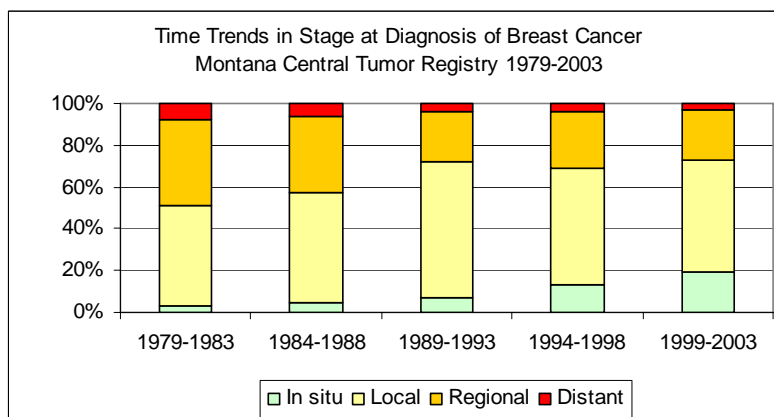
<sup>3</sup> Office of Vital Statistics, Montana Department of Public Health and Human Services

## Montana Cancer Control Section

Survival is strongly associated with stage at diagnosis of breast cancer. Overall, nearly 90% of women in Montana with localized breast cancer survived at least 10 years after diagnosis while fewer than 20% diagnosed with distant breast cancer survived 10 years.

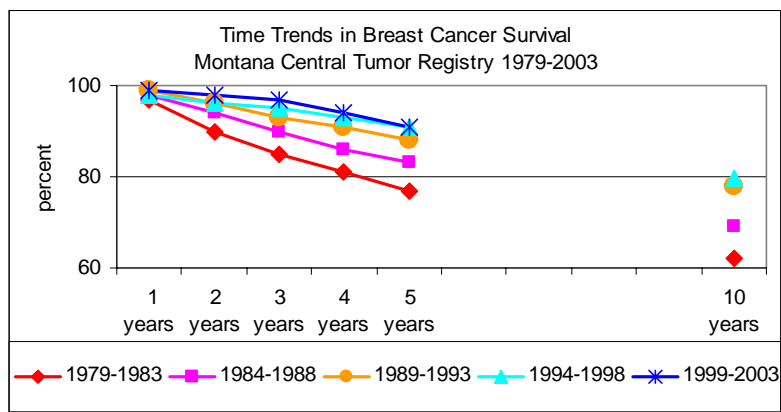


There has been a clear trend for earlier stage at diagnosis of breast cancer in Montana over the past 25 years. Diagnosis of carcinoma in situ (has not invaded surrounding tissues) increased from 3% of incident cases in 1979-1983 to 19% in 1999-2003. Diagnosis of breast cancer at regional stage (tumor cells in surrounding lymph nodes or other tissues adjacent to the breast) declined from 41% in 1979-1983 to 24% in 1999-2003. The proportion of patients diagnosed at distant stage (tumor cells in other parts of the body) declined slightly, from 8% in 1979-1983 to 3% in 1999-2003. Diagnosis of breast cancer at a local stage (tumor cells not found outside the breast or in lymph nodes) increased from 48% in 1979-1983 to 65% in 1989-1993, then declined to 54% in 1999-2003. This suggests a trend of shifting stage at diagnosis from regional to local and from local to in situ over the 25-year period. Women diagnosed at distant stage are presumably women who do not participate in regular breast cancer screening.



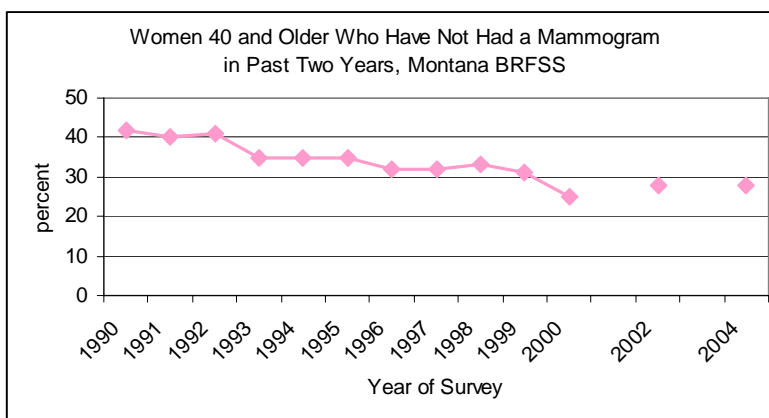
Time trends in survival parallel trends in stage at diagnosis. Five-year survival increased from 77% in 1979-1983 to 91% in 1999-2003. Ten-year survival increased from 62% in 1979-1983 to 79% in 1994-1998; we cannot yet calculate 10-year survival for 1999-2003. Some of this increased survival can be attributed to earlier diagnosis, although certainly improvements in treatment have also contributed.

## Montana Cancer Control Section



Mammography is a minimally invasive procedure that can discover a large proportion of breast tumors at an early stage, when they are most treatable. The US Preventive Services Task Force<sup>4</sup> and the National Cancer Institute<sup>5</sup> recommend that women at average risk begin mammography at 40 and have mammograms every one to two years; women at elevated risk (e.g., those with a family history of breast cancer in a mother or sister, or those with a clinical history of atypical breast examination or mammography) should, in consultation with their care provider, consider annual mammography. The American College of Obstetricians and Gynecologists recommends mammograms every one to two years for women between the ages of 40 and 49 and annual mammograms for women age 50 and older.<sup>6</sup> The American Cancer Society recommends that all women age 40 and older have annual mammograms.<sup>7</sup>

In the 2004 Montana Behavioral Risk Factor Surveillance System (BRFSS), an annual random telephone interview survey of representative Montana residents, 28% of women age 40 and older reported not having had a mammogram within the past two years, compared to 42% in 1990.<sup>8</sup>



<sup>4</sup> <http://www.ahcpr.gov/clinic/uspstf/uspstfbrca.htm>

<sup>5</sup> <http://cancer.gov/newscenter/mammstatement3Jan02>

<sup>6</sup> <http://www.guideline.gov/Compare/comparison.aspx?file=BRSCREEN11.inc>

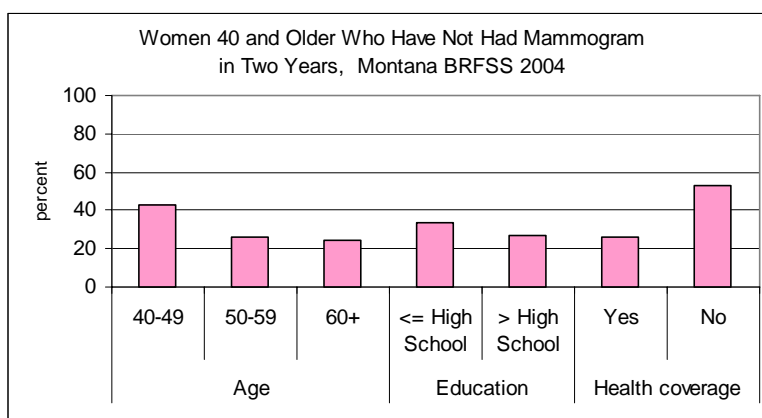
<sup>7</sup> <http://www.cancer.org>

<sup>8</sup> <http://dphhs.mt.gov:8084/brfss/html/brfss-index.jsp>

## Montana Cancer Control Section

---

Factors associated with not having had a mammogram in compliance with recommendations include age, education, and health care coverage; each factor was a statistically significant independent predictor of not having had a mammogram within two years. Controlling for these three factors, there was no difference between white and American Indian women in Montana. Lack of health care coverage may be the greatest barrier preventing women from receiving mammograms: 53% of women age 40 and older without health care coverage reported not having a mammogram within two years, compared to 26% of women with health care coverage.



### The Montana Breast and Cervical Health Program

The federal Breast and Cervical Cancer Mortality Prevention Act of 1990 established a comprehensive national screening program for low-income, minority, and medically underserved women. The Montana Breast and Cervical Health Program (MBCHP) received comprehensive screening funds in September 1996. The program has contractors that serve all 56 counties in the state, generally located in a County Health Department, on Reservations in the state, and at Urban Indian Centers. These contractors coordinate the activities of nearly 1,000 medical service providers who are responsible for providing screening and treatment to women enrolled in the program.

The MBCHP provides free or low-cost mammograms to eligible women, including those age 50 to 64 who meet financial guidelines or who are uninsured or underinsured. American Indians make up 7.4% of the population of the state although they are disproportionately uninsured or underinsured and more often living below the federal poverty level. The proportion of American Indian women screened by the MBCHP increased from 5.7% in 1996-97 to 12.9% in 2005-06. The MBCHP has screened a total of 10,521 women and provided 20,183 mammograms between October 1, 1996 and June 30, 2006; provided 6,824 diagnostic and follow-up procedures; and diagnosed 331 cases of breast cancer among the women screened. The Montana Breast and Cervical Cancer Treatment Program (MBCCTP) provides treatment for women screened through the MBCHP who have a positive diagnosis.



For more information about the  
**Montana Breast and Cervical Health Program**,  
contact Karan Kunz, Program Manager,  
406-444-0063, [kkunz@mt.gov](mailto:kkunz@mt.gov)

### From the American Cancer Society Website

#### Inflammatory Breast Cancer

##### Rumor

An email was widely circulated in June 2006 urging women to be aware of a rare form of breast cancer, Inflammatory Breast Cancer (IBC). The email included a link to a video produced by KOMO-TV in Seattle.

##### Fact

The following statement is from the American Cancer Society in response to the email and the large number of inquiries that resulted from it:

"American Cancer Society Director of Medical Content, Ted Gansler, MD, says 'The existence of this serious form of cancer is not new, although a recent report suggests incidence may be increasing. While the email and the news story it references imply that cancer groups are unaware of the disease or have not done enough to raise awareness of it, the American Cancer Society's Information Database and web site have included information about IBC since those materials were first created in 1996. It is also important to note that the signs and symptoms of IBC (such as awareness of redness or other changes in the skin of the breasts) are included in breast cancer educational brochures created and distributed by the Society.'

'Although emails like this one, while well-intended, do have the potential to create some over-reaction, the medical information it contains about signs of IBC is accurate. It is important for women to protect themselves against all forms of breast cancer by following recommendations for early detection, including mammography and clinical breast examination, and by notifying their healthcare provider of any changes in their breasts, including skin changes as well as breast lumps. And we want women concerned about or diagnosed with IBC to know that there are a number of reliable sources of information about recognition, diagnosis, and treatment of this cancer, including documents developed by the American Cancer Society<sup>9</sup> and the National Cancer Institute<sup>10</sup>.' "

IBC is an uncommon form of breast cancer. There were 145 cases of IBC diagnosed among Montana women between 1995 and 2004, out of a total of 7,878 cases of breast cancer, or less than 2% of the total. IBC is not always accompanied by a lump in the breast. Early symptoms may include a rash and the breast may be red, swollen, and feel warm. Lymph nodes may be swollen in the armpit or above the collar bone or both. It is important to have these symptoms evaluated by a doctor right away.<sup>10</sup>

---

<sup>9</sup> [http://www.cancer.org/docroot/CRI/CRI\\_2\\_3x.asp?dt=5](http://www.cancer.org/docroot/CRI/CRI_2_3x.asp?dt=5)

<sup>10</sup> <http://www.cancer.gov/cancertopics/factsheet/Sites-Types/IBC>

## Montana Cancer Control Section

---

Montana Cancer Control Program  
Montana Department of Public Health and Human Services  
1400 Broadway C-317, PO Box 202951  
Helena, MT 59620-2951

**Please visit our website at [www.cancer.mt.gov](http://www.cancer.mt.gov)**

For more information about the **Montana Cancer Control Program**, contact Ginny Furshong, Program Manager, 406-444-6888, [gfurshong@mt.gov](mailto:gfurshong@mt.gov)

For more information about the **Montana Breast and Cervical Health Program**, contact Karan Kunz, Program Manager, 406-444-0063, [kkunz@mt.gov](mailto:kkunz@mt.gov)

For more information about the **Montana Central Tumor Registry**, contact Debbi Lemons, Program Manager, 406-444-2618, [dlemons@mt.gov](mailto:dlemons@mt.gov)

For more information about **cancer data and analysis**, contact Carol Ballew, PhD, Epidemiologist, 406-444-6988, [cballew@mt.gov](mailto:cballew@mt.gov)

2,500 copies of this document were produced at a cost of \$0.46 per copy, for a total cost of \$1170.00 for printing and \$0 for distribution.

Alternative formats of this document will be provided upon request. Please call Dr. Ballew at 406-444-6988.

Cancer Control Section  
Montana Department of Health and Human Services  
1400 Broadway C-317, PO Box 202951  
Helena, MT 59620-2951